

AO 440 (Rev. 06/12) Summons in a Civil Action

RECEIVED issued
(TR cert. mat)

UNITED STATES DISTRICT COURT

Alexandria

for the

EASTERN DISTRICT OF VIRGINIA
2024 AUG 26 P 2:01

ARNLIFENURSE LLC

Plaintiff(s)

v.

CAPITOL CITY REHAB AND
HEALTHCARE CENTER

Defendant(s)

Civil Action No. 1:24cv1489-RDA/WBP

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

CAPITOL CITY REHAB AND HEALTHCARE CENTER
SERVE TO: ADMINISTRATOR: LAKISHA DAVIS
2425 25TH STREET SE
WASHINGTON, DC 20020

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

ARNLIFENURSE LLC
EDWARD NYASAKA: OWNER.
9888 EARLS FERRY CIR
BRISTOW, VA 20136

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date:

8-26-2024

Signature of Clerk or Deputy Clerk

COPY

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: